



Indiana State  
Department of Health

# Immunization E-Letter

Issue #292

November 21, 2008

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*The Indiana State Department of Health will be closed on November 27-28 for the Thanksgiving holiday.*

## New VIS Statements

A new interim VIS for Td and Tdap vaccines is available as of today. This VIS is dated 11/18/08, and it replaces the existing Td (6/10/94) and Tdap (7/12/06) VISs.

These older editions may still be used until stocks are depleted.

## Immunization Program

2 N. Meridian St.  
Indianapolis, IN 46204

Phone: (800) 701-0704

E-mail:

[immunize@isdh.in.gov](mailto:immunize@isdh.in.gov)

## Vaccine Availability

### Hepatitis A

- Havrix<sup>®</sup> vial (GSK) currently out of stock at McKesson; Projected availability in Mid-November 2008.
- VAQTA<sup>®</sup> (Merck) will be available for ordering December 1, 2008.

### Tetanus (Td)

- Decavac<sup>®</sup> vial (sanofi pastuer) currently out of stock at McKesson; Note: Decavac<sup>®</sup> syringe presentation still available.

### HIB

- ActHIB<sup>®</sup> (sanofi pastuer) is still currently out of stock.
- Please note:* Pentacel<sup>™</sup> (sanofi pastuer) is a combination vaccine that contains ActHIB<sup>®</sup> as a component, but it can NOT be used as stand alone vaccination. **Do NOT separate components of combination vaccines for individual use.**
- Also, please refer to age guidelines when using combination vaccines to ensure appropriate use.

### Influenza

- Orders can still be placed for influenza vaccine. See Page 4 for current availability.

## Question of the Week

*I'm a school nurse, and I have a student (DOB 10/18/02) who had her first MMR on 9/25/03 which is too early according to CHIRP guidelines. A second MMR was given 6/18/08. I sent a note home letting the parents know she needed another dose for her series to be valid. Her doctor's office just left me a message saying that she does not need another vaccine.*

**Dr. Duvwe, Medical Director, says:** You are correct, the first MMR was given before the child was 12 months old and should not be counted as valid regardless of what the physician says. Any use of a vaccine outside of manufacturer recommendations and CDC guidelines would be considered "off-label" and unfortunately, as there is no research to back up the effectiveness of the vaccine when used this way, we can't consider it effective.

The parents' options for this child are: have a measles and mumps IgG drawn on the child to look for adequate levels of immunity, revaccinate the child, or file a religious objection. A medical exemption would not apply here as there is not a documented medical reason for the child to be underimmunized. If the measles and mumps IgG titers are low, the child will then need to be revaccinated. If the parent files a religious objection, the child would need to be excluded from school in the event of an outbreak. I think it is helpful to give the parents all the information, including recommendations from the CDC about the specific vaccines and age requirements. ([www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08\\_0-6yrs\\_schedule\\_pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2008/08_0-6yrs_schedule_pr.pdf))

In the end, the parents need to decide how they will manage this. Your responsibility is only to communicate what is required by the state and the DOE.

## Increase in Pertussis Activity, 2008

As of November 1, eighty-seven (87) cases of pertussis (whooping cough) have been reported in Indiana, with an additional 19 cases under investigation. The current number of cases is more than the number of cases reported (52) for the same period last year. The number of cases reported to date in 2008 surpasses the number of cases reported (68) for all of 2007.

There is no distinct seasonality to pertussis – cases are reported during each month of the year. However, incidence does increase during the summer and early fall months. Additionally, pertussis incidence occurs in a cyclic, saw-tooth pattern every three to five years. The last peak in pertussis activity in Indiana occurred in 2005 with 396 cases, so an increase in cases in 2008 when compared to 2007 is expected.

### Pertussis Clinical Case Definition

A cough illness lasting at least 2 weeks with one of the following: paroxysmal cough, inspiratory “whoop,” or post-tussive vomiting, without other apparent cause.

Symptoms typically begin 7-10 days following exposure. Pertussis symptoms occur in three stages. First, an individual may experience cold-like symptoms, including a runny nose or sneezing. A mild, occasional cough may develop as well. During the second stage, the cough becomes more severe with bursts of coughing that may cause difficulty catching one's breath (resulting in a whoop sound) or vomiting following coughing. The second stage can last as long as 10 weeks. Finally, the cough begins to resolve and become less persistent during the third stage.

Other causes of prolonged cough illness include: *Bordetella parapertussis*, *Mycoplasma pneumoniae*, *Chlamydia trachomatis*, *Chlamydophila pneumoniae*, and *Bordetella bronchiseptica*.

### Laboratory Testing

Appropriate laboratory testing should be ordered for suspect pertussis cases (i.e. those meeting the clinical case definition for pertussis or those with a coughing illness of any duration with exposure to a pertussis case).

Appropriate testing includes:

- Culture (available at the ISDH laboratory; kits available by calling 317-921-5500)
- PCR (available at some commercial laboratories)

Note that the ISDH discourages clinicians from using serologic tests for diagnosis of pertussis as commercial tests available have not been validated.

### Antibiotic Therapy

If pertussis is suspected, do not wait for laboratory confirmation to initiate antibiotic therapy. Prophylactic antibiotic therapy should also be prescribed for all household contacts regardless of whether or not they are symptomatic and regardless of immunization status. For a chart depicting appropriate antibiotic therapy for both cases and contacts, visit [http://www.in.gov/isdh/files/RecommendedPertussisControlMeasures2006\(1\).pdf](http://www.in.gov/isdh/files/RecommendedPertussisControlMeasures2006(1).pdf)

Note that antibiotics will shorten the infectious period of pertussis, but they will not shorten the duration of symptoms unless provided very early in the course of illness.

### Control Measures

- All individuals suspected of having pertussis should remain home from work or school for five days while taking appropriate antibiotics.\*
- Symptomatic close contacts of individuals suspected of having pertussis should remain home from work or school for five days while taking appropriate antibiotics.\* Asymptomatic close contacts should be placed on antibiotic prophylaxis but may remain in school or work with one exception: inadequately immunized household contacts younger than 7 years should be excluded for 5 days while taking antibiotics per the Indiana Communicable Disease Reporting Rule (410 IAC 1-2.3).
- Assess the vaccination status of patients. Children younger than 7 years are eligible for the DTaP vaccine, and persons ages 10 through 64 years are eligible for the one-time Tdap pertussis booster vaccine. Vaccination following exposure will not prevent illness; however, it will help to protect against future exposures. Note that individuals who have been fully vaccinated against pertussis can still develop the illness, but it tends to be milder than in unvaccinated individuals.

\*Symptomatic individuals suspected of having pertussis who choose not to take antibiotics should remain isolated through 21 days following cough onset.

All suspect cases of pertussis should be reported immediately to the local health department.

For additional information regarding pertussis, please refer to “Recommended Pertussis Control Measures” available at [http://www.in.gov/isdh/files/RecommendedPertussisControlMeasures2006\(1\).pdf](http://www.in.gov/isdh/files/RecommendedPertussisControlMeasures2006(1).pdf)

## Reminder! Holiday Shipping Schedule 2008

McKesson Specialty Distribution will not ship VFC vaccine orders during the following specified dates.

- November 22-28
- December 20-24
- January 1-3

Merck has established the following shipment schedule for direct frozen vaccine shipments. This schedule is for Merck ONLY.

- |                   |  |
|-------------------|--|
| • November 24     | Next Day Air or Next Day Ground for delivery Tuesday 11/25 for emergency only      |
| •November 25      | Next Day or Next Day Ground for delivery Wed 11/26 for emergency only              |
| •November 26      | No Frozen Vaccines shipped   |
| •November 27 & 28 | <b>Closed</b>  |
| •December 17      | Final regular shipping day for VFC frozen vaccines for delivery by Friday 12/19/08 |
| •December 22      | Next day air or next day ground only for Tuesday delivery emergency only           |
| •December 23      | Only special requests for Next Day am delivery for Wednesday                       |
| •December 25      | <b>Closed</b>  |
| •December 26      | No vaccines shipping   |
| •December 29      | Only special requests next day air or next day ground for Tuesday delivery         |
| •December 30      | No overnights - UPS closed 12/31 and 1/1/09  |
| •December 31      | <b>Closed</b>  |
| •January 1        | <b>Closed</b>  |
| •January 2        | No vaccines shipping   |

## Upcoming Immunization Training

**Thursday, December 4, 2008 | 8am-3pm**

Immunization from A to Z Training | VFC Review | Chirp Q&A

LaPorte Medical Group, 900 I Street, LaPorte, Indiana

Contact: Jodi Morgan, Educator

Phone: 317-650-5051 E-Mail: [jmorgan@isdh.in.gov](mailto:jmorgan@isdh.in.gov)

May attend all three sessions or only individual session(s).

Lunch will be provided.

## REMINDER!

When faxing VFC orders, please use the newest order form. New version of the forms are in Landscape format, while the old version is in Portrait format.

New

Old

If you need an updated order form, please contact us at [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov).

### CHIRP Informational Sessions

CHIRP Informational Sessions are designed for **NON-CHIRP** users interested in learning more about the benefits of using CHIRP in their facility or practice.

**December 4, 2008  
1:00 pm - 3:00 pm**

#### Vanderburgh County

Deaconess Hospital  
Health Services Building (HSB) RM 104A  
600 Edgar Street, Evansville, IN 47710

Call (888) 227-4439 or go to [CHIRP.IN.GOV](http://CHIRP.IN.GOV) to register.

### CHIRP User Group Meeting

This session is designed for **CURRENT CHIRP** users who are interested in learning about upcoming changes or who have specific questions regarding CHIRP usage.

**December 4, 2008  
9:30 am - 11:30 am**

#### Vanderburgh County

Deaconess Hospital  
Health Services Building (HSB) RM 104A  
600 Edgar Street, Evansville, IN 47710

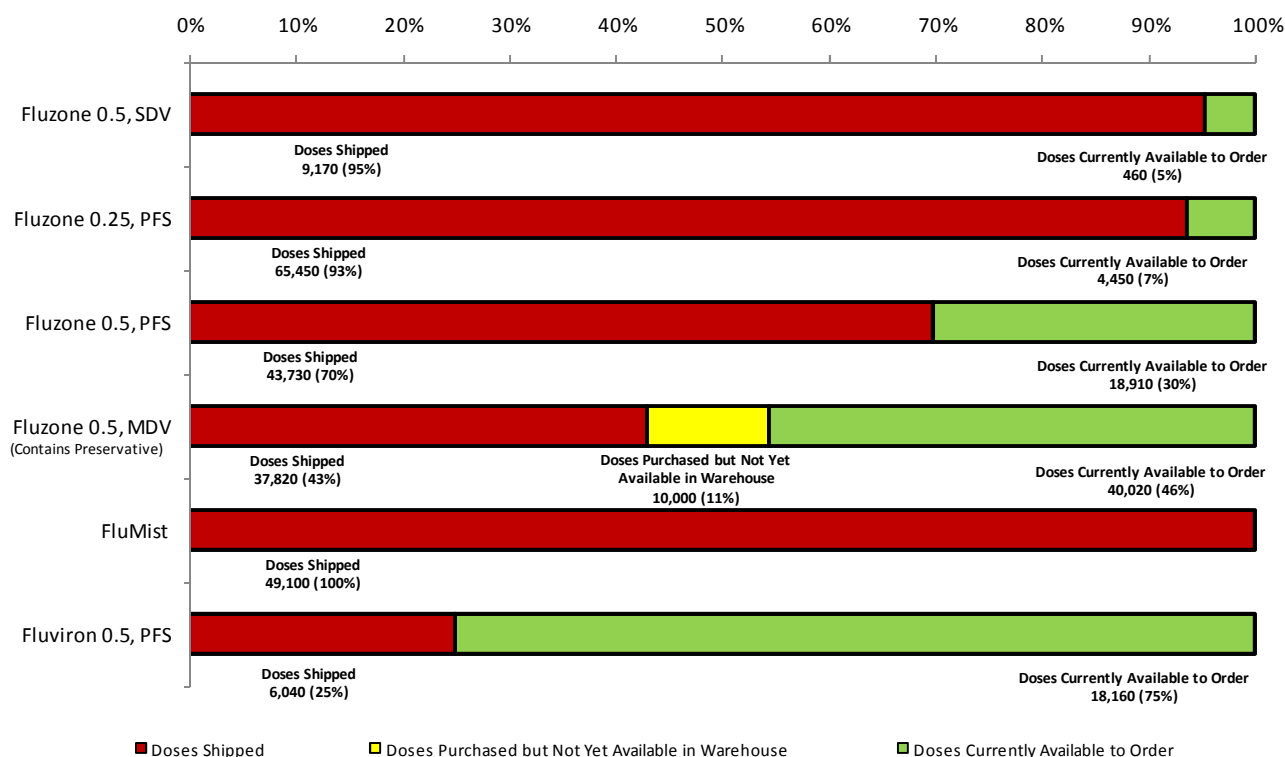
Call (888) 227-4439 or go to [CHIRP.IN.GOV](http://CHIRP.IN.GOV) to register.

### CHIRP Tip

When entering patient demographics always use legal first name and legal last name. If the patient has a nickname, place that in the Alias First Name or Alias Last Name field. If the patient's legal name is Robert Maurice Wilson, but goes by Rocky Wilson, put his legal name in the first and last name fields, and Rocky in the alias first name field. He will appear on the search screen whether you search for Robert Wilson or Rocky Wilson.

## Influenza Vaccine Supply Availability

*As of Friday, November 21, 2008*



**Doses Shipped** refers to doses that have been processed by McKesson and shipped to providers.

**Doses Currently Available to Order** refers to doses that are currently available at the McKesson warehouse. Once the vaccine has been received at McKesson, the Immunization program staff will send the orders to McKesson for processing.

**Doses Purchases but Not Yet Available in Warehouse** refers to vaccine that has been purchased by ISDH but has not been shipped by the manufacturer to the McKesson warehouse.

**Reminder** that flu shipments may come in multiple shipments and that the vaccine that currently is not yet available should arrive at McKesson sometime in November.

**\*Backorders** may reduced number of doses available to order.

***Providers may submit orders for more doses of any currently available influenza vaccine.***